

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **Computed tomography device and method with three-dimensional backprojection**  
the specification of which (check only one item below):

☐ is attached hereto.

☐ was filed as United States application

Serial No \_\_\_\_\_

on \_\_\_\_\_

and was amended

on \_\_\_\_\_

☒ was filed as PCT international application

Number \_\_\_\_\_ PCT/IB03/04749

On \_\_\_\_\_ 24.10.2003

and was amended under PCT Article 19

on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.


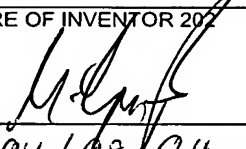
I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

**PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:**

COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
Germany	102 52 662.1	November 11, 2002	YES

U.S. DEPARTMENT OF COMMERCE –Patent and Trademarks Office  
(July 1994)

<b>Combined Declaration For Patent Application and Power of Attorney (Continued)</b> (includes Reference to PCT International Applications)				Attorneys Docket Number <b>PHDE020257 US</b>	
<b>POWER OF ATTORNEY:</b> As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)					
Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266 Edward M. Blocker, Reg. No. 30,245				Direct Telephone Calls to: (name and telephone number) (914)332-0222	
201	FULL NAME OF INVENTOR	FAMILY NAME <b>SCHLOMKA</b>	FIRST GIVEN NAME <b>Jens-Peter</b>	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY <b>Hamburg</b>	STATE OR FOREIGN COUNTRY <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Geibelstrasse 42</b>	CITY <b>22303 Hamburg</b>	STATE & ZIP CODE/COUNTRY <b>Germany</b>	
202	FULL NAME OF INVENTOR	FAMILY NAME <b>GRAß</b>	FIRST GIVEN NAME <b>Michael</b>	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY <b>Buchholz in der Nordheide</b>	STATE OR FOREIGN COUNTRY <b>Germany</b>	COUNTRY OF CITIZENSHIP <b>Germany</b>	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>Theodor-Storm-Weg 35c</b>	CITY <b>21244 Buchholz in der Nordheide</b>	STATE & ZIP CODE/COUNTRY <b>Germany</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.					
SIGNATURE OF INVENTOR 201 		SIGNATURE OF INVENTOR 202 			
DATE <b>04/08/04</b>		DATE <b>04/08/04</b>			

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